U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Control
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2738	2. Fiscal Year Covered From:			
, ,	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name James M Crowder	Name USW Local 351L			
	Labor Organization File Number 003413			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 8920 Sanders Ferry Road	Street 1923 Culver Road			
City Tuscaloosa	City Tuscaloosa			
State Alabama ZIP Code + 4 35401-9688	State Alabama ZIP Code + 4 35401-3818			
5. Position in labor organization. Recording Secretary				
Enter appropriate data below if, during the past fiscal year, you or your spot	ise or minor child directly or Indirectly had any of the following interests			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name B.F.Goodrich Employees Federal Credit Union	Auto loan - 3637.27 Auto loan - 19488.09 Signature loan - 4838.53				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any	7h America				
Street 4520 21st Street	7.b. Amount.				
City Tuscaloosa	\$27,964				
State Alabama ZiP Code + 4 35401-3807					

Signature

SL	15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
: 8	igned Janu Maru	On	7/6/2005 Date	205-758-2634 Telephone Number		

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any). Name	9. Business deals with:			
Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust			
Street	c. Employer			
State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

State